## Form 5500 Department of the Ireasury Internal Revenue Service

Department of Labor Pension and Welfare Benefit Programs Pension Benefit Guaranty Corporation

## Annual Return/Report of Employee Benefit Plan (With 100 or more participants)

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 and sections 6057(b) and 6058(a) of the Internal Revenue Code, referred to as the Code.

19**79**Amended □

This Form is Open to Public Inspection

EI	and 6058(a) of the internal Revenue Code, referred to	o as the Code.	to Public Inspection		
	the calendar plan year 1979 or fiscal plan year beginning , 1979 and ending		, 19 .		
ile	e original of this form, including schedules and attachments, completed in ink or type.				
>	Keogh (H.R. 10) plans with fewer than 100 participants and with at least one owner File Form 5500-K instead.				
>	Other pension benefit plans and certain welfare benefit plans with fewer than 100 pa 5500–C instead.				
•	Governmental plans and church plans (not electing coverage under section 410(d) of 5500–G instead.  Welfare benefit plans with 100 or more participants complete only items 1 through 16		file this form. File Form		
•	Pension benefit plans, unless otherwise excepted, complete all items. Annuity arrange individual retirement account trusts of employers complete only items 1 through 6, 9	ments of certain e and 10.			
<b>&gt;</b>	Plan number—Your 3 digit plan number must be entered in item 5(c); see instruction of any item does not apply, enter "N/A."	on 5(c) for explan	ation of "plan number."		
	(a) Name of plan sponsor (employer if for a single employer plan)	1 (b) Employer	identification number		
	Address (number and street)	1 (c) Telephone	e number of sponsor		
	City or town, State and ZIP code	1 (d) If plan year changed since last return/report check here >			
2	(a) Name of plan administrator (if other than plan sponsor)	1 (e) Business	code number		
	Address (number and street)	2 (b) Administrator's employer identification no.			
	City or town, State and ZIP code	2 (c) Telephone r	number of administrator		
3	Name, address and identification number of plan sponsor and/or plan administrator as they appeared	on the last return/re	port filed for this plan if not		
	the same as in 1 or 2 above: (a) Sponsor ▶  (b) Administrator ▶				
4	Check appropriate box to indicate the type of plan entity (check only one box):				
		e)   Multiple-em	ployer plan (other)		
	(b) Plan of controlled group of corporations (d) Multiple-employer-collector common control employers tively-bargained plan		urance arrangement (of		
5	(a) (i) Name of plan	5 (b) Effective	date of plan		
	(ii) Check if name of plan changed since last return/report	5 (c) Enter three plan num	• I ! i		
6	Check at least one item in (a) or (b) and applicable items in (c).		<u> </u>		
	(a) Welfare benefit plan: (i) ☐ Health insurance (ii) ☐ Life insurance (iv) ☐ Other (specify) ►	(iii) 🗌 Suppler	nental unemployment		
	(b) Pension benefit plan:				
	<ul> <li>(i) Defined benefit plan—(Indicate type of defined benefit plan below):</li> <li>(A) ☐ Fixed benefit (B) ☐ Unit benefit (C) ☐ Flat benefit</li> <li>(D) ☐ Other (specify) ►</li> </ul>				
	(ii) Defined contribution plan—(indicate type of defined contribution plan below)	): (D) 🔲 Other m	noney purchase		
	(iii) Defined benefit plan with benefits based partly on balance of separate a Code)	account of participa	ant (section 414(k) of the		
	(iv) Annuity arrangement of a certain exempt organization (section 403(b)(1				
	(v) Custodial account for regulated investment company stock (section 403		<del>)</del> )		
	(vi) ☐ Trust treated as an individual retirement account (section 408(c) of the C (vii) ☐ Other (specify) ▶				
st	Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this report, in of my knowledge and belief, it is true, correct, and complete.	cluding accompanying sch	edules and statements, and to the		
at	Signature of employer/plan sponsor ▶	••••••			
at	Signature of plan administrator ▶		283–193–1		

6	•	ntinued)						
	(c)	Other plan features:	· —	t-savings (ii)		olan		
		(iii) Pension plan mainta				ed account plan		
	(d) Sponsor's taxable year ends							
7 Number of participants as of the end of the plan year (welfare plans complete only (a)(iv), (b), (c) and (d)):								
	(a)	Active participants (employed	I or carried as active	) (i) Number fully	vested			
				(ii) Number partia	ally vested .			
	(iii) Number nonvested							
	(iv) Total							
	(b)	Retired or separated partic	ipants receiving be	nefits				
	(c)	Retired or separated particip	ants entitled to fut	ure benefits				
	(d)	Subtotal, sum of (a), (b) and	(c)					
	(e)	Deceased participants whose	beneficiaries are r	eceiving or are entitl	ed to receive benefits	3		
	(f)	Total, (d) plus (e)						
	(g)	(i) During this plan year or p	orior plan year was a	ny participant(s) sepa	arated from service wi	th a deferred vested	Yes No	
		benefit for which a Sche	dule SSA (Form 550	0) is required to be a	ttached to this form?			
		(ii) If "Yes," enter the num	ber of separated pa	irticipants	<u> ▶</u>			
8	Pla	n amendment information (we	lfare plans do not co	mplete (b)(ii)):				
	(a)	Was any amendment to this p	olan adopted in this	plan year?				
	(b)	If "Yes," (i) And if any an	nendme <mark>nts</mark> have res	ulted in a change in	the information conta	ined in a summary		
		plan descripti	on or previously furn	ished summary descr	iption of modifications	s—		
		(A) Have sun	nmary descriptions of	of change(s) been sen	t to participants?.	· · · · · · · · ·		
		(B) Have sur	nmary descriptions	of the change(s) bee	n filed with DOL?			
		(ii) Does any such	n amendment result	in the reduction of the	e accrued benefit of ar	ny participant under	1 1	
		Enter the date the most recen				Year		
9		n termination information (welf					Yes No	
	(a)	Was this plan terminated duri	ng 🔲 this plan year	or $\square$ any prior plan y	/ear?			
	(b) If "Yes," were all trust assets distributed to participants or beneficiaries or transferred to another plan?							
	(c) Was a resolution to terminate this plan adopted during this plan year or any prior plan year?							
	(d) If (a) or (c) is "Yes," have you received a favorable determination letter from IRS with respect to such termination?							
		If (a) or (c) is "Yes," have particip						
	(g) If either item 9(a) or (c) is "Yes," and this plan is covered under PBGC termination insurance program has a notice of intent to terminate been filed with PBGC?							
_								
10	O (a) In this plan year, was this plan merged or consolidated into another plan or were assets or liabilities transferred to another plan?							
	If "Yes," identify other plan(s):  (c) Employer identification number(s)  (d) Plan number(s)						an number(s)	
	(b)	Name of plan(s) -						
	(e)	Has Form 5310 been filed? .				l		
			• • • • •	· · · · · · · ·	· · · · · · · ·	• • • • []	Yes No	
11	India (a)	cate funding arrangement:  Trust (benefits provided in	whole from trust fu	ndo)				
	(a) (b)	Trust or arrangement prov		•	and for annuity and			
		☐ Trust or arrangement prov			-			
	(q)					ntracts		
	(d)	Custodial account describe	ed in Section 401(i)	of the Code and not in	iciuded in (c) above			
	(e) (£)	Other (specify)	the mumber of Cab	dul- At- (F FF00)				
12		If (b) or (c) is checked, enter						
		any person who rendered services t Yes," furnish the following info		ctly or indirectly, compen	sation from the plan in t	he plan year?	Yes 🗌 No	
—	11 1	ies, Turnish the following lift	i mation.	l c.	I	i	<u> </u>	
			ь.	Relationship to employer,	d.	e.	f.	
		a. Name	Official plan	employee organi- zation or person	Gross salary or	Fees and commissions paid	Nature of service	
			position	known to be a party-in-interest	allowances paid by plan	by plan	code (see Instructions)	
				- party-m-miterest				

 	00 (197	ts and liabilities at the beginning and the end of the plan year (list all assets a	and liabilities at ourre	nt value) A fully
insı	ıred w	elfare plan or a pension plan with no trust and which is funded entirely by allo the amount of benefit payments should check box and and not complete the	cated insurance cont	racts which fully
Not	cor full	lude all plan assets and liabilities of a trust or separately maintained fund. ( nbined basis.) Include all insurance values except for the value of that portion y guarantees the amount of benefit payments. Round off amounts to nearest of g and the end of the plan year enter zero on line 13(h).	of an allocated insu	rance contract which
		Assets	a. Beginning of year	<b>b.</b> End of year
(a)	Cash:	(i) On hand		
	(ii)	In bank: (A) Certificates of deposit		
		(B) Other interest bearing		
		(C) Noninterest bearing		
	(iii)	Total cash, sum of (i) and (ii)		
(b)	Recei	vables: (i) Employer contributions		
	(ii)	Employee contributions		
	(iii)	Other		
	(iv)	Reserve for doubtful accounts		
	(v)	Net receivables, sum of (i), (ii) and (iii) minus (iv)		<u> </u>
(c)	Gener	al investments other than party-in-interest investments:		
	(i)	U.S. Government securities: (A) Long term		
		(B) Short term		
	(ii)	State and municipal securities		
	(iii)	Corporate debt instruments: (A) Long term		
		(B) Short term		
	(iv)	Corporate stocks: (A) Preferred		
		(B) Common		
		Shares of a registered investment company		
		Real estate		
		Mortgages		
		Loans other than mortgages		
		Value of interest in pooled fund(s)		
		Other investments		
		Total general investments, sum of (i) through (x)		
	_	in-interest investments:		
	(i)	Corporate debt instruments		
	(ii)	Corporate stocks: (A) Preferred		
	Z:::X	(B) Common		
	` '	Real estate		
		Mortgages		
		Loans other than mortgages		
		Other investments		
<b>(</b> 2)		• • •		
		ngs and other depreciable property		
• •	(i)	Separate accounts		
		Other		
		Total, (i) plus (ii)		
		assets		
		assets, sum of (a)(iii), (b)(v), (c)(xi), (d)(vii), (e), (f)(iii) and (g)		
• •		Liabilities		
(i)	Pavah	les: (i) Plan claims		
• •	-	Other payables		
		Total payables, (i) plus (ii)		
		sition indebtedness		
***	•	liabilities		
		liabilities, sum of (i)(iii), (j) and (k)		
		ssets, (h) less (l)		
		g the plan year what were the:		
• •		otal cost of acquisitions for common stock?		
 		otal proceeds from dispositions of common stock?		

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	an income, expenses and changes in net assets for the plan year: ote: Include all income and expenses of a trust(s) or separately maintained fund(s) inc surance contracts. Round off amounts to nearest dollar.	luding any payments	made for allocated in-
	Income	a. Amount	b. Total
(8	Contributions received or receivable in cash from—		
	(i) Employer(s) (including contributions on behalf of self-employed individuals)		
	(ii) Employees		
/	(iii) Others		
(1	Noncash contributions (specify nature and by whom made)		
10	) Total contributions, sum of (a) and (b)		
	Earnings from investments—		
``	(i) Interest		
	(ii) Dividends		
	(iii) Rents		
	(iv) Royalties		
(e	) Net realized gain (loss) on sale or exchange of assets—		
	(i) Aggregate proceeds		
	(ii) Aggregate costs		
<b>(</b> f			
<u>(8</u>	) Total income, sum of (c) through (f)	<u> </u>	<u> </u>
	Expenses	a. Amount	b. Total
(h	) Distribution of benefits and payments to provide benefits—		·
	(i) Directly to participants or their beneficiaries		
	(ii) To insurance carrier or similar organization for provision of benefits		
<b></b>	(iii) To other organizations or individuals providing welfare benefits		
(i)			
(I)			
	(i) Salaries and allowances		
	(iii) Insurance premiums for Pension Benefit Guaranty Corporation	<del></del>	
	(iv) Insurance premiums for fiduciary insurance other than bonding		
	(v) Other administrative expenses		
(k	Other expenses (specify)		
(I)	Total expenses, sum of (h) through (k)		*** ·
<u>(</u> n	n) Net income (expenses), (g) minus (l)		
_	) Change in net assets—	a. Amount	b. Total
	(i) Unrealized appreciation (depreciation) of assets		
	(ii) Other changes (specify) ▶		
(0	Net increase (decrease) in net assets for the year, (m) plus (n)		
(p	Net assets at beginning of year, line 13(m), column a		
	Net assets at end of year, (o) plus (p) (equals line 13(m), column b)		
	plans complete (a). Plans funded with insurance policies or annuity contracts also con		Yes No
(a	) Since the end of the plan year covered by the last return/report has there been a terr		
	of any trustee, accountant, insurance carrier, enrolled actuary, administrator, investment		
	If "Yes," explain and include the name, position, address and telephone number of		
	ment has been terminated		1//////////////////////////////////////
			1//////////////////////////////////////
			\///////\/\/\//////////////////////////
(b	Have any insurance policies or annuities been replaced during the plan year?		
•	If "Yes," explain the reason for the replacement		
(c	At any time during the plan year was the plan funded with:		
	(i) Individual policies or annuities, (ii) Group policies or annuities, or (iii)	Both.	

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16	Bon	ding:	Yes No	
	(a) Was the plan insured by a fidelity bond against losses through fraud or dishonesty?			
		If "Yes," complete (b) through (f); if "No," only complete (g).		
		Indicate number of plans covered by this bond		
		Enter the maximum amount of loss recoverable		
	(d)	Enter the name of the surety company		
	(e)	Does the plan, or a known party-in-interest with respect to the plan, have any control or significant financial		
	(0)	interest, direct or indirect, in the surety company or its agents or brokers?		
	(f)	In the current plan year was any loss to the plan caused by the fraud or dishonesty of any plan official or em-		
	•••	ployee of the plan or of other person handling funds of the plan?		
		If "Yes," see specific instructions.		
	<b>(</b> g)	If the plan is not insured by a fidelity bond, explain why not		
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17		rmation about employees of employer at end of the plan year. (Plans not purporting to satisfy the		
	-	tentage tests of section 410(b)(1)(A) of the Code complete only (a) below and see specific instructions):		
		Total number of employees		
	(0)	(i) Minimum age or years of service		
		(ii) Employees on whose behalf retirement benefits were the subject of collective bargaining		
		(iii) Nonresident aliens who receive no earned income from United States sources		
		(iv) Total excluded, sum of (i), (ii) and (iii)		
	(c)	Total number of employees not excluded, (a) less (b)(iv)		
		Employees ineligible (specify reason)		
	(e)	Employees eligible to participate, (c) less (d)		
	(f)	Employees eligible but not participating		
		Employees participating, (e) less (f)	Van Na	
18		nis plan an adoption of a:  Master/prototype, (b) Field prototype, (c) Pattern, (d) Model plan or (e) Bond purchase plan?	Yes No	
		Yes," enter the four or eight digit IRS serial number (see instructions)		
19		Is it intended that this plan qualify under section 401(a) or 405 of the Code?	<u> </u>	
	(b)	Have you requested or received a determination letter from the IRS for this plan?		
	(c)	Is this a plan with Employee Stock Ownership Plan (ESOP) features?		
		(i) If "Yes," was a current appraisal of the value of the stock made immediately prior to the contribution of		
		the stock or the purchase of the stock by the trust?		
		(ii) If (i) is "Yes," was the appraisal made by an unrelated third party?		
20	lf nl	(iii) If (ii) is "No," was the appraisal made in accordance with the provisions of Revenue Ruling 59–60? an is integrated, check appropriate box:		
20	(a)			
21		Is this a defined benefit plan subject to the minimum funding standards for this plan year?		
	(ω)	If "Yes," attach Schedule B (Form 5500).		
	(b)	Is this a defined contribution plan, i.e., money purchase or target benefit, subject to the minimum funding		
	• • •	standards? (If a waiver was granted, see instructions.)		
		If "Yes," complete (i), (ii) and (iii) below:		
		(i) Amount of employer contribution required for the plan year under section 412 of the Code		
		(ii) Amount of contribution paid by the employer for the plan year		
		Enter date of last payment by employer ▶ Month Day Year		
		(iii) If (i) is larger than (ii) subtract (ii) from (i) and enter the funding deficiency here, otherwise enter		
		zero. (If you have a funding deficiency file Form 5330.)	1 1	
22		following questions relate to the plan year. If (a)(i), (ii), (iii), (iv) or (v) is checked "Yes," schedules of such	Yes No	
		is in the format set forth in the instructions are required to be attached to this form.		
	(a)	(i) Did the plan have assets held for investment?		
		(ii) Did any non-exempt transaction involving plan assets involve a party known to be a party-in-interest? (iii) Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan		
		year or classified during the year as uncollectable?		
		(iv) Were any leases to which the plan was a party in default or classified during the year as uncollectable?		
		(v) Were any plan transactions or series of transactions in excess of 3% of the current value of plan assets?		
			283-193-1	

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22	(Co.	ntinue The a (i)   (ii)   (iii) [ (iv) [	d) accountant's opinion is ☐ not required or ☐ required, attached to this form, and is—☐ Unqualified☐ Qualified☐ Adverse☐ Other (explain) ▶					
23	(a)	(a) Is the plan covered under the Pension Benefit Guaranty Corporation termination insurance program?						
	(b)	If (a) Guar	) is "Yes," did one or more reportable events or other events requiring notice to the Pension Benefit anty Corporation occur since the last return/report Form 5500, 5500–C or 5500–K which was filed for this	Yes	No			
	<b>4-</b> 5	plan?			eck /)			
	(c)	(i)	is "Yes," check the applicable box(es) in (i) through (x) below:  Notification by the Internal Revenue Service that the plan has ceased to be a plan as described in section 4021(a)(2) of ERISA or a determination by the Secretary of Labor of non-compliance with Title I of ERISA.  A decrease in active participants to the extent specified in the instructions					
		(ii) (iii)	A determination by the Internal Revenue Service that there has been a termination or partial termination of the plan within the meaning of section 411(d)(3) of the Code					
		(iv) (v) (vi)	An inability to pay benefits when due					
		(vii)	section 110 of ERISA					
		(viii) (ix)	A withdrawal of a substantial employer					

(x)